## UNITED STATES DISTRICT COURT

for the
Eastern District of Wisconsin

| Eastern District of Wisconsin   |  |  |  |  |
|---|--|--|--|--|
| Plaintiff(s)  V.  Defendant(s)  | ) ) ) ) () ) () ) () () () () () () () ( |  |  |  |
| SUMMONS IN A CIVIL ACTION   |  |  |  |  |
| To: (Defendant's name and address)  |  |  |  |  |
| A lawsuit has been filed against you.   |  |  |  |  |
| Within 21 days after service of this summons on you (not counting the day you receive it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are: |  |  |  |  |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.  |  |  |  |  |
|   | GINA M. COLLETTI, CLERK OF COURT         |  |  |  |
| Date:   | Signature of Clerk or Deputy Clerk       |  |  |  |

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

| were r | eceived by me on (date)  |  |  |       |  |  |
|--------|--|--|--|-------|--|--|
| were i | •  |  | -: d complaint on the individual at (place): |       |  |  |
|        |  |  | On (date)                                    | ; or  |  |  |
|        | ☐ I left the summons and the attached complaint at the individual's residence or usual place of abode with (name) , a person of suitable age and discretion who resides there, |  |  |       |  |  |
|        | on (date), and mailed a copy to the individual's last known address  |  |  |       |  |  |
|        | ☐ I served the summons and the attached complaint on (name of individual)  who is designated by law to accept service of process on behalf of (name of organization)           |  |  |       |  |  |
|        |  |  | on (date)                                    |       |  |  |
|        |  |  | for services, for a total of                 | of \$ |  |  |
|        | My fees are \$ for travel and \$ for services, for a total of \$ I declare under penalty of perjury that this information is true.   |  |  |       |  |  |
| Date:  |  |  | Server's signature                           |       |  |  |
|        |  |  | Printed name and tit                         | le    |  |  |
|        |  |  | Server's address                             |       |  |  |

Additional information regarding attempted service, etc.: